

DOC ACH AUTHORIZATION
NORTH DAKOTA DEPARTMENT OF COMMERCE
SFN 52477 (05/04)

OMB Use Only

Vendor #

SECTION A: VENDOR INFORMATION

Vendor Name

City/County Address

City

State

Zip Code

E-Mail Address

Phone Number

EIN/SSN

Program (please check one of the following):

☐ CDBG ☐ HOME ☐ ESGP ☐ Americorps ☐ Other _____

Type of Change (please check one of the following):

☐ New ☐ Revised ☐ Bank Change ☐ Authorized Signature

Type of Business (please check one of the following):

☐ Nonprofit or Government Entity ☐ Partnership ☐ Corporation
☐ Individual or Sole Proprietorship ☐ Other (Please Specify) _____

Financial Institution Name

Type of Account

☐ Checking ☐ Savings

Vendor Account Number

Financial Institution Routing Number

This ACH form will authorize all payments to be automatically deposited into the financial institution listed above.

Signature of Authorizing Vendor

Printed Authorized Vendor

Date

Signature of Authorizing Vendor

Printed Authorized Vendor

Date

I certify that the Signatures above are of the Individuals Authorized to Draw for the Request for Funds. (The Certifying Official cannot be one of the above signatures.)

Signature of Certifying Official (Grantee)

Date

SECTION B: STATE AGENCY REQUESTING VENDOR INFORMATION

State Agency Name

Department of Commerce

Date

Send Completed Form to:

Department of Commerce
1600 East Century Avenue, Suite 2
PO Box 2057
Bismarck, ND 58502-2057
(701) 328-5300 Telephone
(701) 328-5320 Fax

